

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:  
Tsugunori KONAKAWA et al.  
Serial No. 10/599,453  
Confirmation No. 9180  
Filed: July 12, 2007  
For: Fuel Supply Apparatus and Vehicle Provided with the Same

Art Unit: 3747  
Examiner: Coleman, Keith A.

I hereby certify that this correspondence is being transmitted via electronic filing to:  
Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450  
November 10, 2008  
Date of Deposit  
Juanita Soberanis  
Name  
*Juanita Soberanis* 11/10/2008  
Signature Date

Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith in the above-identified application are the following:

- ☒ Request for Continued Examination (RCE) Transmittal.  
☒ Amendment.

The fee has been calculated as shown below:

|  | (Col. 1)<br>CLAIMS REMAINING<br>AFTER AMENDMENT |   | (Col. 2)<br>HIGHEST NUMBER<br>PREVIOUSLY PAID FOR | (Col. 3)<br>PRESENT<br>EXTRA*       | LG/SM<br>\$ ENTITY FEE                               | ADD'L<br>FEE DUE |
|--|---|---|---|-------------------------------------|--|------------------|
| TOTAL CLAIMS FEE   | 27  | - | 20 **   | 0                                   | LG=\$52<br>SM=\$26                                   | \$ 0             |
| INDEPENDENT<br>CLAIMS FEE  | 1   | - | 3 ***   | 0                                   | LG=\$220<br>SM=\$110                                 | \$ 0             |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS                          |   |   |   |                                     | LARGE ENTITY FEE = \$390<br>SMALL ENTITY FEE = \$195 | \$ 0             |
| ADDITIONAL SIZE FEE (IF ANY) (TOTAL PAGES OF SPEC AND DRAWINGS TOGETHER) |   |   |   | \$270 FOR EACH ADDITIONAL 50 SHEETS |  | \$ 0             |
| Independent Claim(s): 1  |   |   |   |                                     | TOTAL  | \$ 0             |

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge the amount of \$-0- to cover the additional claims fee to Deposit Account No. 50-1314.  
☐ Please charge the amount of \$-0- to cover the extension fee to Deposit Account No. 50-1314.  
☒ Please charge the amount of \$810 to cover the RCE fee to Deposit Account No. 50-1314.  
☒ The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1314.  
☒ Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims  
☒ Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,  
HOGAN & HARTSON L.L.P.

Date: November 10, 2008

1999 Avenue of the Stars, Suite 1400  
Los Angeles, California 90067  
Phone: 310-785-4600  
Fax: 310-785-4601

By: *Troy M. Schmelzer*  
Troy M. Schmelzer  
Registration No. 36,667  
Attorney for Applicant(s)